United Nations E/2014/NGO/23

Economic and Social Council

Distr.: General
7 May 2014

Original: English

2014 session
Item 5 (c) of the provisional agenda*
High-level segment: annual ministerial review

Statement submitted by International Council of AIDS Service Organizations, a non-governmental organization in consultative status with the Economic and Social Council

The Secretary-General has received the following statement, which is being circulated in accordance with paragraphs 30 and 31 of Economic and Social Council resolution 1996/31.

* E/2014/Rev.1, annex II.

14-32575 (E) 160514

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Statement

1. Significant progress has been made towards achieving universal access to treatment for HIV/AIDS but the target will not be met. For that, strong and specific HIV targets and indicators under a health-outcome-focused goal — formulated according to paragraph 89 of the progress report of the Open Working Group of the General Assembly on Sustainable Development Goals on "maximizing healthy lives" — and other relevant goals are needed (A/67/941).

2. All human rights, including those of people living with HIV, women, sex workers, transgender people, men who have sex with men, people who use drugs, migrants, young people, prisoners and people with disabilities, must be realized.

3. Ending AIDS requires promoting strategic investment in HIV programming for key populations. Governments and donors must base their programming and funding allocation on epidemiological data, evidence of what is most effective and human rights.

4. As recommended by the Global Commission on HIV and the Law, the post-2015 development framework must set out to reform legal frameworks that hinder universal access to services for key populations, which includes removing discriminatory laws such as those that criminalize homosexual activity, and promote universal access by removing age limits and requirements for young people.

5. Inclusion of a target related to reducing violence, with an emphasis on gender-based violence, is needed. As reducing violence was not included in the Millennium Development Goals, this requires baseline data to be collected against which any decrease can be measured.

6. Access to sexual and reproductive health information, services, commodities, and comprehensive sexuality education for adolescents and young people who are in and out of school, taking into account the particular needs of those in vulnerable situations, must be prioritized.

7. Young people must be included and barriers to accessing services for youth, especially among key populations, must be removed. For this reason, an indicator on evidence-based sexual education to ensure that young people receive the information they need to understand and assess the factors that raise and lower the risk of HIV transmission and teenage pregnancies is vital.

8. We urge explicit reference to the need for new and improved prevention modalities as a means to end preventable deaths. We ask for language on the need to develop priority interventions not yet available, including vaccines against HIV, tuberculosis and malaria.

9. Denying access to life-saving medicine is unacceptable, and emphasizes the need for global partnerships to promote access to treatment. This will be equally urgent, if not more so, when a cure for HIV is developed. We ask that the post-2015 development framework includes an explicit reference to the need to increase global access to treatment and to new treatment options (including any cure eventually developed).

10. We strongly support the reform of international bodies, standards and frameworks, such as the Trade-Related Aspects of Intellectual Property Rights, to ensure that the needs of populations are prioritized ahead of commercial interests.

11. Governments, including those of emerging economies, must fully fund the Global Fund to Fight AIDS, Tuberculosis and Malaria at levels adequate to meet and sustain its essential demand-driven model.

12. Governments, donors and the private sector should support and implement innovative financing mechanisms to raise dedicated and predictable funds; in particular, some sort of financial transaction tax to meet health and other development requirements is needed.